



County of Lexington

Community Development Department
Community Development Block Grant Program
212 South Lake Drive, Suite 401
Lexington, SC 29072
Telephone (803) 785-8121- Fax (803) 785-8188

NOTICE TO POTENTIAL APPLICANTS

PURPOSE

The purpose of the Minor Home Repair (MHR) Program is to help maintain Lexington County homes for long-term livability and help our communities remain stable and healthy. The MHR Program offers assistance to eligible Lexington County homeowners to make minor repairs to their homes.

AMOUNT OF ASSISTANCE

The program can provide up to \$7,500 in assistance for eligible **minor** repairs. All potential homes must meet the 2006 International Property Maintenance Code to be considered. Homes with major repair needs may be unable to receive assistance depending on the scope of repairs.

WHERE IS THIS PROGRAM AVAILABLE?

The MHR Program is only available to assist residents of Lexington County.

WHO CAN RECEIVE ASSISTANCE?

To be considered for the Minor Home Repair program you must not exceed the total annual household income the amounts shown in the table below:

Number of Family Members:	1	2	3	4	5	6	7	8
Max annual Income:	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

WHAT CAN BE FIXED?

Minor repairs include, but are not limited to:

Door locks, window screens, insulation, tree removal, HVAC systems, repair/replace water heaters, and repair/replace septic tanks.

Repairs involving paint deterioration, loose paint, visible surface dust, paint chips or related items are not eligible for this program.

TYPES OF ELIGIBLE HOUSES:

- Repairs may only be made on the following types of houses:
- Single-family detached (stick-built)
- Manufactured homes
 - Must be on a permanent foundation
 - Must be 20 years old or less
 - Homeowner must own the land on which the manufactured home is located.
- Only owner-occupied residences are eligible (no rental houses).
- Must occupy and own the home 18 months prior to application.

Lexington County Minor Home Repair Program

Application Checklist

Before submitting your application for Minor Home Repair assistance, please use and submit the following checklist:

- ☐ Application completed and signed
- ☐ Copy of pay stubs, social security or retirement check, etc. for the past 2 months (Self-employed persons must provide bank statements for the past 6 months.)
- ☐ Verification of any other income (i.e. child support/alimony, SSI statements, disability, etc.)
- ☐ Copy of the 2011 federal tax returns for household members 18 and older. Include all pages such as any attachments and schedules. If you do not file a return, complete a Request for Transcript of Tax Return form.
- ☐ Proof of ownership of the property for at least 18 months (i.e. deed)
- ☐ County property tax paid receipt for 2011
- ☐ Proof of residency (i.e. electricity or water bill)
- ☐ Copy of Social Security Card for all household members
- ☐ Copy of identification for household members 18 and older (i.e. driver's license or South Carolina ID)



LEXINGTON COUNTY MINOR HOME REPAIR PROGRAM APPLICATION



The information collected in this application will only be used to determine whether you qualify for the Minor Home Repair Program. It will not be disclosed outside this Agency without your consent except for verification of information and as required and permitted by law. If you do not provide all requested information, your application may be delayed or disapproved. PLEASE PRINT ALL INFORMATION.

I. HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD

Name:	Social Security No.:
Home Phone:	Employer:
Cell Phone:	Work Phone:
Date of Birth:	Occupation:
Driver's License No.:	No. of years employed:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

CO-APPLICANT INFORMATION (If Applicable)

Name:	Social Security No.:
Home Phone:	Employer:
Cell Phone:	Work Phone:
Date of Birth:	Occupation:
Driver's License No.:	No. of years employed:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

How did you hear about this program? _____

II. OTHER FAMILY MEMBERS

Provide the names, ages, relationship and employer (if applicable) of all members of your household (related or not).

Full Name	Age	Relationship	Employer

Total number of persons living in the household (all ages): _____.

III. INCOME AND EXPENDITURES

List monthly income for all persons in the household who work or receive other income. List gross income. (income before deductions)

Full Name	Social Security Number	Source of Income	Gross Amount	Week, Month, or Year?

☐ Check if you did not file a tax return.
Explain: _____ Initial _____

COUNTY USE ONLY:

Total Income: \$	Income Limit: \$	Percentage: %
Date Verified:	Verified By:	

IV. PROPERTY INFORMATION

Physical Address: _____
(House Number and Street) (City) (State) (Zip)

How long have you lived at this property address? _____ Years

Type of house: ☐ Single Family Detached Stick Built ☐ Manufactured/Mobile Home

Estimate the property's current market value \$ _____.

Year Home Built: _____ (May call Assessor's Office at 785-8190)

Do you have Homeowners Insurance? ☐ Yes ☐ No

If yes, who with? _____ How much coverage? \$ _____

Is your home currently for sale? If yes, provide details below. ☐ No ☐ Yes

APPLICANT'S CERTIFICATIONS

The applicant(s) certifies that all information in the application and all information furnished in support of this application is given for the purpose of obtaining a Minor Housing Repair Program grant from the Lexington County Community Development Block Grant Program, and is true and complete to the best of the applicant's knowledge and belief. The applicant additionally certifies that the applicant is the OWNER and OCCUPANT of the property to be repaired.

Applicant's Signature:	Date:
Co-applicant's Signature:	Date:

WARNING: PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes false, fraudulent statement or representations, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Please Return Application To:
Lexington County
Community Development Department
Grant Programs Division
212 South Lake Drive, Suite 401
Lexington, SC 29072



Lexington County Minor House Repair Program

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the Lexington County Community Development Block Grant (CDBG) Program. This authorization is made in connection with an application that has been made in order to obtain CDBG funds for the Minor Home Repair. Your prompt reply containing the requested information is appreciated.

Address: _____

Applicant

Print Name: _____

Signature: _____

Date: _____

Co-Applicant

Print Name: _____

Signature: _____

Date: _____

I understand that the release of this information does not guarantee that assistance will be provided, but that without the information, assistance may not be available.



Verification of Employment Lexington County Minor Home Repair Program

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Minor Home Repair Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant) Date: _____

To Be Completed By the Employer Only

Company: _____

Employee: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Type of Employment: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Rate of Pay: \$_____ per _____ (hour, week, or month)

Total earnings for past 12 months: \$_____ Effective date of last increase: _____

Overtime pay rate: \$_____/Hour

Expected average number of hours overtime worked per week during next 12 months: _____

Total overtime earnings for past 12 months: \$_____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$_____ per _____

(Signature of Authorized Representative) Title: _____

Date: _____ Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Lexington County Minor Home Repair Program

THE FOLLOWING INFORMATION IS CONFIDENTIAL

The information concerning Minority Group Categories is requested for statistical purposes so the United States Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by Minority Families, and has no bearing on the acceptance of this application.

Please place the number of persons in your household that qualify in each category.

White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Hispanic	
Hispanic & White	
Hispanic & Black/African American	
Hispanic & American Indian/Alaskan Native	
Other Multi-Racial	

Applicant

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Head of the Household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Co-Applicant

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Head of the Household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	

Lexington County Minor Home Repair Evaluation Worksheet

In order to evaluate your home's repairs, please give us as much information as possible.

Name: _____ Address: _____

Year Home Constructed: _____

Electrical System:

Original? ☐ Yes ☐ No If, no when re-wired? Year: _____

Number of exterior lights? _____ Number of interior ceiling lights? _____

Heating System:

Original? ☐ Yes ☐ No If, no when replaced? Year: _____

Central Air conditioner: Original? ☐ Yes ☐ No If, no when replaced? Year: _____

Roof:

Original shingles? ☐ Yes ☐ No If, no when re-shingled? Year: _____

Plumbing System:

Any Leaks

Sewer: ☐ Yes ☐ No

Water Heater? ☐ Yes ☐ No Year Installed: _____

Water: ☐ Yes ☐ No

☐ Gas ☐ Electrical

Septic Tank: ☐ Yes ☐ No

Well: ☐ Yes ☐ No

Foundation: Any Cracks? ☐ Yes ☐ No

Exterior walls: Type of material: _____ Damaged? ☐ Yes ☐ No

Eave, wood near roof damaged? ☐ Yes ☐ No Is there a crawl space door? ☐ Yes ☐ No

Wheelchair Ramp needed? ☐ Yes ☐ No

Exterior steps? ☐ Yes ☐ No How many steps? _____ Existing Handrails? ☐ Yes ☐ No

Need tree Removal? ☐ Yes ☐ No Sidewalk: ☐ New ☐ Repair

Insulation in attic? ☐ Yes ☐ No Insulation under floors? ☐ Yes ☐ No

Exterior Doors: Damaged? ☐ Yes ☐ No Deadbolt on exterior doors? ☐ Yes ☐ No

Weather strip on exterior doors? ☐ Yes ☐ No Interior Doors: Damaged? ☐ Yes ☐ No

Smoke Detectors: ☐ Yes ☐ No Number of smoke detectors: _____

Doorbell: ☐ Yes ☐ No Motion Lights: ☐ Yes ☐ No

Are windows original? ☐ Yes ☐ No If, no when replaced? Year: _____

Storm Windows: ☐ Yes ☐ No Storm Doors: ☐ Yes ☐ No

Washer/Dryer connection: ☐ Yes ☐ No Termite Treatment: ☐ Yes ☐ No

Kitchen:

Interior walls damaged at _____

Interior ceilings damaged at _____

Floor damaged at _____

Damaged

Cabinets: ☐ Yes ☐ No

Sink: ☐ Yes ☐ No

Stove: ☐ Yes ☐ No

Faucets: ☐ Yes ☐ No

Refrigerator: ☐ Yes ☐ No

Stove fan/

Backsplash: ☐ Yes ☐ No

Bathroom:**Damaged**

Tub/Shower: ☐ Yes ☐ No

Commode: ☐ Yes ☐ No

Vanity/Sink: ☐ Yes ☐ No

Medicine Cabinet: ☐ Yes ☐ No

Ventilation Fan: ☐ Yes ☐ No

Please list the three repairs you would most like to have fixed. Please put the item you want fixed the most first.

1. _____

2. _____

3. _____

We will attempt to have the items you request repaired, however, if these repairs are not feasible, we may recommend repairs within the scope of the minor home repair program.